



CITY LICENSE  
(316) 268-4553

**SUNDAY DANCE LICENSE APPLICATION**  
COMPLETE IN DUPLICATE  
FEE \$300.00

**BUSINESS INFORMATION:**

Business Name		Phone	
Business Address		Zip	
Mailing Address		Zip	
Date of Dance		Time of Dance (from-to)	

**APPLICANT(S) INFORMATION:** Complete the information below for each employee, agent and chaperone involved:  
If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Date of Birth	
Home Address		City & State	
Home Phone		Zip	Occupation

Has the above named person even been convicted of a felony, any crime involving false statement, dishonesty, or moral turpitude, drunkenness, or a violation or any intoxicating liquor of any state of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain what kind of security provisions and security personnel are going to be provided

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Explain the procedure for limiting admission to only those persons eligible

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Explain what type of parking facilities are available and the nature of exterior lighting

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What type of entertainment will be provided?

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Explain how all alcoholic beverages (if applicable) are to be secured

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To the best of my knowledge, the information on this application is true and correct, and I am familiar with, and will abide by, all applicable ordinances that govern this activity. I also agree to furnish any additional information requested regarding the above contents of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FOR OFFICIAL USE ONLY**

	Approved	Disapproved	Date
Chief of Police			
Vice Section			
License Number		Date Issued	